



State of Utah

Department of Environmental Quality
Division of Air Quality
Lead-Based Paint Program
150 North 1950 West
P.O. Box 144820
Salt Lake City, Utah 84114-4820

UDEQ/DAQ Date Received Stamp Only

Check #/Amount _____

LEAD-BASED PAINT RECERTIFICATION APPLICATION FOR INDIVIDUALS

A. Applicant Information

Please complete all appropriate fields in this application. This Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ) will use the information contained in this application to issue your Lead-Based Paint (LBP) certification card and to track your certification status. You may list one to three addresses (home address, business address, and/or mailing address). At least one of the addresses you list must be a street address (i.e. **not** a post office box). Green card number must be filled out only if you have a green card. Furnishing the information on this form (including your Social Security Number (SSN)) is voluntary, however, failure to do so will affect the maintenance of your UDEQ/DAQ LBP certification records. If you choose not to provide your SSN, the UDEQ/DAQ will provide you with a nine-digit number so we can process your application. Please make a record of this nine-digit number and use it with all future UDEQ/DAQ LBP certification correspondence including all future certification and recertification applications. Please complete this form by writing legibly (using blue or black ink) or by using a typewriter/computer printer.

Name: _____
Last First Initial

Previous and/or Maiden Name(s), if applicable: _____

Home Address: _____
Street Address/P.O. Box City State Zip Code

Business Name: _____
Name

Business Address: _____
Street Address/P.O. Box City State Zip Code

Mailing Address: _____
(If different than business address, above) Street Address/P.O. Box City State Zip Code

Home Phone # (_____) _____ - _____ Business Phone # (_____) _____ - _____ ext. _____

Fax # (_____) _____ - _____ E-mail Address: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____
feet/inches pounds brown/blue/green/etc. black/brown/blond/etc.

Date of Birth _____ Social Security # _____ - _____ - _____ Green Card # _____
month/day/year (If applicable)

Gender: Male Female Race/Ethnicity: _____
(circle one) (optional)

B. Recertification Disciplines and Fees

Please identify which LBP discipline(s) and the number of years of recertification you are applying for with this application. You can apply for **all** LBP certification disciplines with one application. Individuals can be certified for a period of up to three (3) years based on the training expiration date found on your course completion certificate. Certification fees represent the cost for a complete year of certification or any fraction thereof. The total LBP multi-discipline recertification fee must be submitted to the Utah Department of Environmental Quality/Division of Air Quality at the time of application.

Lead-Based Paint Certification Disciplines	Years of Recertification (three years maximum)	LBP Recertification Fee
<input type="checkbox"/> Lead-Based Paint Abatement Worker	_____ X \$75.00	
<input type="checkbox"/> Lead-Based Paint Inspector	_____ X \$100.00	
<input type="checkbox"/> Lead-Based Paint Inspector/Risk Assessor	_____ X \$150.00	
<input type="checkbox"/> Lead-Based Paint Supervisor	_____ X \$150.00	
<input type="checkbox"/> Lead-Based Paint Project Designer	_____ X \$150.00	
Total LBP Multi-Discipline Recertification Fee		

C. Recertification Statement

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any recertification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the recertification. I also attest and affirm that I will maintain my certification(s) according to R307-840, Utah Administrative Code, follow the work practice standards outlined in the aforementioned Administrative Rule, and conduct lead-based paint activities only in those fields in which I have received certification.

Applicant's Signature

Date Signed

Applicant's Printed Name

Applicant's Title (if applicable)

Before you mail your application, please check to make sure you have:

- | | |
|--|--|
| <input type="checkbox"/> Filled out all sections of the LBP Recertification Application For Individuals? | <input type="checkbox"/> Signed and dated the application? |
| <input type="checkbox"/> Enclosed the appropriate recertification fees? | <input type="checkbox"/> Made a copy of this application for your files? |

Mail original completed application, supporting materials and fees in one package to:

Utah Department of Environmental Quality
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